

EAST RETFORD
RURAL DISTRICT COUNCIL.

ANNUAL REPORT

FOR

1908

BY

HANWAY R. BEALE, M.D. LOND.,

MEDICAL OFFICER OF HEALTH.

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TO THE RURAL DISTRICT COUNCIL OF EAST RETFORD.

GENTLEMEN,

I have the honour to submit to you my fourth annual Report, being for the year 1908.

There is a slight rise in the birth-rate, there being 47 more children born than last year : this brings the rate up to 23.8 per thousand persons living, a figure which approximates to the average for the last ten years. The number of births was 339. I am glad to be able to record that this rise in the birth-rate is accompanied by a diminution in the number of deaths of children under one year of age, the infantile mortality having fallen to 79.9 per thousand births, the total number of deaths of such infants being 29.

The number of cases of Notifiable Infectious Disease was 74, being slightly less than last year. The majority of the cases was due to Scarlet Fever, as is usual.

The number of deaths of residents belonging to the district was 190, being 21 less than last year, and giving a net death-rate of 13.34.

The deaths from Phthisis and Cancer are about the same as last year.

There were 11 deaths from the principal Zymotic Diseases, being five less than last year. They were as follows :—Scarlet Fever three, Whooping Cough two, Diphtheria two, Influenza three, Enteritis one. There was no death from Puerperal Fever.

You will find more detailed information under the appropriate headings, and in the tables appended to this report.

The district is purely rural in nature, and is situated in the northern portion of the county of Nottingham. Roughly speaking it is lozenge-shaped, having its greatest length of about 26 miles from north to south, and width 11 miles from east to west. There are numerous villages and farm houses scattered about its area, and a few larger houses. The population is mainly agricultural or dependent upon it. The Borough of East Retford is situated very nearly in the centre.

Geology, &c.—The district is situated on the edge of what is apparently a large geological basin, whose centre is situated somewhere away to the east, and as one travels westward the successive geological strata show themselves at the surface in areas running nearly parallel, and in a north and south direction. These strata shelve away downwards to the east and south east, being covered in succession by the more recent deposits. Thus from west to east we have pebble beds or conglomerate, superposed on sandstone, extending over nearly the entire district from north to south, and as far east roughly as the river Idle ; this is succeeded to the north and east of the town of East Retford, through Clarborough, by waterstones, and then follow the keuper marls, which are mixed in places with beds of sandstone, through which run veins of gypsum. This latter is very prevalent on the east of the district, and gives to the water from shallow wells a very hard character. There is a bed of alluvial deposit along the courses of the rivers Idle and Trent.

The district may be described as undulating, with a ridge of hills running nearly down the middle. It is drained to the west of these by the river Idle, and to the east by the Trent, and their tributaries.

Sewage.—As in most country districts, there is no general system of sewage disposal service. Formerly most of the houses conducted their liquid effluents to the nearest ditch or watercourse, but this has to a very large extent been remedied, and the work is now progressing. Proper cesspools for effluents are being laid down. These are not the large underground tanks of a bygone day, but are small structures more in the nature of catchpits which can be easily emptied of their solid contents, and from which the clear fluid, after the solids have settled out, are conducted to the land, or to the sewers where such exist.

In many of the villages sewers have been laid down and the drainage improved, and the work is being carried out efficiently. The drainage of the district is in many parts a matter of great difficulty owing to the flat nature of the country, and it is often a matter of the greatest difficulty to obtain a satisfactory fall for the outflow. Particulars of the new drains and sewers will be found in the report of the Sanitary Inspector appended hereto. Much of the excrement disposal is by means of midden privies, there are also pail closets and water closets in use. Many of the midden privies are of a faulty construction, being too large, and present much difficulty in emptying, consequently they are not emptied until the occupier of the house is obliged to do so, when the work is correspondingly difficult and nasty. Many of them are being replaced by better constructed modern ones, but I should like to see many more of them much smaller in size, so that their contents must be removed more frequently, and not left to fester for long periods. The frequent emptying of privies is most important, and cannot be over-rated, since it has been proved lately that the common house-fly is a most active agent in the carrying and dissemination of the active germs of many infectious diseases, especially Typhoid Fever and the very fatal summer Diarrhœa of infants, also that this house-fly breeds and passes its early days as a grub and chrysalis in human excrement, especially in middens. Consequently by more frequent emptying of the middens, the breeding places and embryos are destroyed, there are fewer house-flies, and not so many carriers of disease. There is no

doubt that the best arrangement is one of small earth closets, in which a little dry garden soil can be sprinkled every time they are used, and which are emptied frequently. The difficulty of course amongst a cottage population is to get them to scatter the earth every time, but education to this would come in time, and even if they did not use the dry earth, the excreta are better emptied frequently than left for long periods, banked up by house refuse in large privy middens. Where the latter are in use, the Sanitary Inspector and I always try to impress upon the people that they should empty ashes, not cinders, through the seat, and not through the midden door, so that they may mix thoroughly with the excreta and lessen the offence.

Water Supply.—There are a few deep wells in the district, but for the most part the wells are shallow. Good water is obtained on the western side of the district, where the subsoil is conglomerate, but on the eastern side where the soil is clay there is much difficulty, and the water in the wells is hard, owing to the gypsum, and is of a suspicious character and not fit for drinking purposes. Rain water is often relied on in these cases. In some parts water from the Chesterfield Canal is used.

The scheme whereby the Corporation of Lincoln proposed to take their water supply from borings in the parish of Elkesley has been sanctioned by Parliament, and the boring has been commenced. The Corporation are not allowed to take more than 3,000,000 gallons per day across the Lincolnshire border, and are bound to supply, if required, all the villages in the Rural District within five miles of the aqueduct. This power is for 35 years, when the matter may be brought up again for the consideration of Parliament. The district has thus secured a valuable concession, as water can now be supplied to many of the villages which were formerly most badly off in this respect, and also this district has the first call upon the water, so that should its needs increase very much in the future, it has the prior right to the water obtained from the boring.

The water bearing area with which this district is concerned is the Bunter bed, which outcrops south of Bawtry and north of Bothamsall, and is about 71 square miles in extent. The two towns of East Retford and Worksop are situated in this area, the remainder being in the Rural Districts of East Retford and Blyth and Cuckney. I learn that it is now proposed that the Worksop Urban District shall bore for water in the area as well, in the neighbourhood of Checkerhouse.

There seems to be little doubt but that the supply of water in this area is sufficient for present needs, but as the population of the various districts increases the question will become more serious, especially as this area is the only available water supply for the whole county, north of Nottingham. It will be interesting and important to watch the effect of these borings upon the depth of the water in the various private wells in the district, and also the effect upon the quality of the water as to its hardness, for experience has shown that excessive pumping from a well tends to render the water harder in quality.

For a full account of the water question as it affects this district and the county, I must refer you to the Annual Report for the year 1907 of the County Medical Officer, from which I have drawn largely in the foregoing remarks.

The common lodging-houses are inspected by the Sanitary Inspector, and the slaughter-houses by me. I have found that as a rule they are well kept and clean.

Housing Accommodation.—In some parts of the district there seems to be a little difficulty in getting houses, especially such as are convenient for large families. The matter is not urgent, and is limited to a few cases. In several cases two or more cottages have been pulled down or converted into one house.

In February I had to report on the condition of two cottages at Treswell, which were in a very dilapidated state. There were holes in the walls and roof and the general condition was one

of disrepair. They were unsafe for occupation on account of the danger from the possibility of a fall of the roof or walls. The surface water from the garden and surroundings also had access to the well, rendering the water in the latter unfit for drinking purposes. The occupants refused to move, and the Council ordered the Clerk to take proceedings. The cottages were subsequently evacuated, and are now closed.

Overcrowding.—There has been no case of over-crowding during the year. On several occasions I have visited cottages where it was thought that such existed, but on measuring the cubic space of the rooms, it was always found that it was in excess of the limit allowed of 300 cubic feet per adult and children half that amount. This does not take into consideration the fact that there may be much furniture in the rooms, which diminishes the air space probably to within the limits prescribed.

Cowsheds.—Since last year there has been a considerable increase in the number of cowkeepers and milksellers in the district; this is to a large extent owing to the establishment of the Trent Side Dairy, which draws milk from a large number of small milksellers, and since the circulars with instructions to cowkeepers were sent out by the Clerk at your order, the number of persons on the register has very much increased. The work thus thrown on your Medical Officer of inspecting the cowsheds has of course increased in a corresponding degree. When I was first appointed there were but eight cowkeepers on the register, whilst there are 53 at the present time.

The following is a copy of the circulars sent out by the Clerk to all persons who are reported to sell milk, other than "accommodation milk," and I am glad to say that now that people understand the reason for the inspection, there is not the difficulty that was formerly encountered in getting them to register. I am glad to be able to say too that on the whole there is a tendency towards greater cleanliness in the cowsheds, and better drainage, but there is still room for improvement; it is however coming, and I trust that in a few years, and with all new cowsheds that may be built, we may approach perfection.

(*Copy*).

Dear Sir,

I am instructed by the Retford Rural District Council to draw your attention to the provisions of the Dairies, Cowsheds and Milkshops Orders made by the Privy Council affecting persons in the milk trade.

If your name has not been already entered on the Register of Cowkeepers, Dairymen and Purveyors of Milk kept by me, and you carry on the trade of Cowkeeper, Dairyman or Purveyor of Milk, you should at once get yourself registered.

I am further instructed to point out the necessity for scrupulous cleanliness in respect of the management of dairies and cowsheds, and also the importance of taking steps to insure the health of cows, and to prevent the contamination of milk from persons suffering from infectious disorders.

I enclose a leaflet from the Board of Agriculture as to the desirability of cleanliness in the dairy and also another leaflet giving very briefly an abstract of enactments relating to the matter.

As you perhaps know, in some districts stringent regulations have been adopted as to the management of dairies, cowsheds and milkshops.

The East Retford Rural District Council have had the question of the adoption of these regulations under their consideration, but deeming that such regulations may unduly hamper traders they have decided not to adopt the regulations at present, trusting that the effect of this letter will be to insure such cleanliness and general good management of dairies, cowsheds and milkshops as to render the adoption of any regulations unnecessary.

The Council's Medical Officer and Inspector are always ready to offer any assistance or suggestions in their power as to the proper management of dairies, cowsheds and milkshops.

Yours truly,

C. BARNBY SMITH,
Clerk.

I visited one farm on account of a case of Diphtheria which was notified me, and found that the occupier was a milkseller, but was not on the register. He at once became registered on

my representation to him that he should do so. I told him also that he must cease from selling milk whilst there was Diphtheria in his house. On inspecting the general sanitary condition of the premises, I found that they were in a bad condition, both as to cleanliness and structural arrangements. This matter was reported at the time, and notices were served to put the premises into good condition. After some correspondence the work is being proceeded with, under the supervision of the Surveyor. With regard to another farm at Laneham, upon which I have previously reported, many improvements have been carried out, but there was a pump, the water of which was fouled by fluids from the crew yard. I called attention to this, and the matter has now been put right. In another farm I found that it was the custom to keep cows and milk them in a shed in which there were also pigs and poultry, and in which refuse from the house was often put. I made representations as to this, and was told that it would not be continued ; I shall have to report again as to this farm. In several of the cowhouses that I have visited the roof is of rafters with rushes laid on them to take cement. The latter is often in parts worn away and the rushes exposed, they are very dusty and a source of danger by the dust they hold ; I have advised that where possible these be removed, and the rafters bared and limewashed, the shed is thus much cleaner and the air space increased. Minor defects with which I have had to deal have nearly all been remedied.

The factories and workshops are treated of in a separate report on page 35.

Systematic inspections have been made of the district from time to time. During these I have found that several of the schools, the sanitary condition of which I had found fault with, have been improved, notably at Dunham-on-Trent and Marnham. The infant school at Gringley-on-the-Hill, which was of faulty construction, has been closed, and the infants transferred to the large school.

INFECTIOUS DISEASES.

The plan followed on the receipt of a notification of a case of infectious disease is to visit the house and make enquiries and give directions. Printed leaflets and disinfectants are supplied gratis. At the termination of the case, instructions are given as to disinfection, and in certain cases where there is a doubt as to its being done properly, the work is carried out by employees of the Council. Where it is a child that is infected, a visit is usually paid to the school, and to the houses of other children who may be suspected of having the disease, by which means I have been able to find children suffering in a mild form of the disease which was unsuspected by the parents. On the authority of the Sanitary Committee, I have circulated the following letter to all the head teachers of the schools in the district, and the result has so far been most satisfactory, they having notified me of several cases of suspicious illness.

(Copy).

Prevention of Epidemics of Infectious Disease.

With a view to preventing as far as possible the spread of Infectious Diseases, especially Scarlet Fever and Measles, all School Teachers are requested to note any case of indisposition amongst the children under their charge.

Any case of Sore Throat should be excluded from school at once, and reported to me; also a report should be made to me when several children of the same family are absent on account of sickness, whatever the name given to it.

Notification of such cases should be made at once, as it is often possible to avoid a prolonged closure of the school by taking prompt measures in the very early stages.

It is from the school teachers that the earliest notice of an impending outbreak of infectious disease can usually be obtained.

The attention of teachers is called to paragraphs 39-44 of the Regulations.

By order,

HANWAY R. BEALE,

Medical Officer of Health.

The leaflets distributed at infected houses are to the following effect :—

(*Copy*).

Precautions necessary to prevent the spreading of Small-pox, Typhoid, Scarlet Fever, and other catching Diseases.

Separate the patient from the rest of the family, and remove the carpets and bedhangings from the room. Admit fresh air cautiously by opening the upper sash of the window and keeping open the fireplace. The air of a sick room may be sweetened by the moderate use of Sanitas in the form of spray or exposed in open dishes.

All cups, glasses, spoons, &c., used by the sick person should be first washed in hot water before being used by any other person. No article of food should be allowed to remain in the sick room, and any food that the sick person has tasted should not be given to any one else.

All bed and body linen as soon as removed from the sick person, and before being taken from the room, should be first put into a tub, or other non-metallic vessel, containing Disinfecting Solution, remaining therein 12 hours, and afterwards rinsed in cold water and washed in the usual way. Instead of handkerchiefs, small pieces of rag should be used, and these, when soiled, should be immediately burned.

Persons attending on the sick should wear dresses of cotton, or of some washable material. Nurses should always wash their hands immediately after attending to the sick person, using Carbolic Soap instead of ordinary soap. The sick room should not be frequented by visitors, as they may carry the infection to other localities.

In scarlet fever and small-pox, as soon as may be admissible, anoint the body of the sick person every day with Camphorated Oil : this, and the after use of warm baths and Carbolic Soap are most essential. The sick person must not be allowed to mix with the rest of the family until the peeling has entirely ceased, and the skin is perfectly smooth.

In enteric (or typhoid) fever and cholera, the bowel discharges, urine, and vomited matters must be mixed with Disinfecting Solution, which should remain at least two hours before being

thrown away. Where it is possible let these be buried in a trench in the garden, at a place removed from any water supply. They should never be thrown on manure heaps or into middens or earth-closets. The best plan would be to burn them.

Avoid obtaining milk from any house where fever exists, as it may spread the disease.

The greatest care should be taken with regard to the drinking-water ; and where there is the slightest risk of its having become tainted with fever-poison, water should be obtained from a pure source, or should be boiled before being drunk.

Remember that a supply of good drinking-water, pure air, cleanliness, and good drainage are most important.

When the sickness has terminated, the room and its contents should be disinfected and cleansed. Clothes used during the time of illness, or exposed to infection, must not be worn again until they have been properly disinfected.

In case of death, the body should be enveloped in a sheet saturated with Disinfecting Solution, and placed in the coffin as soon as possible, and the lid screwed down. The burial should take place without delay.

Disinfecting Solution is prepared by mixing a wineglassful of Liquid Disinfectant with one gallon of water. The solution is poisonous. Disinfectants will be supplied gratis on application to Dr. Beale, Medical Officer of Health.

Penalties : Any person who—

(1) While suffering from any dangerous infectious disorder (Small-pox, Scarlatina, Measles, etc.), wilfully exposes himself without proper precautions against spreading the said disorder in any street, public place, shop, inn, or public conveyance, or enters any public conveyance without previously notifying to the owner, conductor, or driver thereof, that he is so suffering ; or

(2) Being in charge of any person so suffering, so exposes such sufferer ; or

(3) Gives, lends, sells, transmits, or exposes, without previous disinfection, any bedding, clothing, rags, or other things which have been exposed to infection from any such disorder, shall be liable to a penalty not exceeding five pounds.

N.B.— Children should not be allowed to attend School from a House in which there is Infectious Disease, as, although not ill themselves, they are very likely to carry the Infection, and so spread the Disease. All persons residing in an Infected House should not mix unnecessarily with others, and should not attend churches, chapels, or public places.

By order of the Committee,

HANWAY R. BEALE,

Medical Officer of Health, Retford.

(Copy).

Scarlet Fever, &c.—Caution.

Notice is hereby given that any person who, while suffering from Scarlet Fever (Scarlatina), Diphtheria, Small-pox, or other dangerous infectious disorder, exposes himself in any street, public place, shop, inn, or public conveyance; and also any person who, being in charge of any other person so suffering, exposes such sufferer in school or other places aforesaid; and also any person who gives, lends, sells, transmits, without previous disinfection, any bedding, rags, clothing, or other articles which have been exposed to infection from any such disorder, will be Prosecuted. The Penalty is Five Pounds.

The symptoms of Scarlet Fever (Scarlatina) are:—

First Day.—Headache, vomiting, and sore-throat.

Second Day.—Rash over whole body and limbs, rarely on the face. The rash and sore-throat continue from one to five days. (Medical advice should be obtained at once).

Seventh Day.—The skin begins to peel in large or small flakes, the neck, chest and hands first, and the feet last. The peeling is rarely completed until six or eight weeks from the date of the eruption, or longer, and is highly infectious. A Doctor should be consulted about peeling of the skin, whether a rash has been previously noticed or not.

A mild attack of Scarlet Fever (or Scarlatina) is very infectious, and from the commencement of the illness to the termination of the peeling, the patient should be kept in a separate room, and in the house during the whole of the time. A mild case may cause a severe attack in another person. Scarlet Fever is sometimes very severe, and may be fatal.

N.B.—The head of the family, or the nearest relative, or the person in charge of the patient, or the occupier of the house, must report the case to me, whether a Doctor is in attendance or not, under a Penalty of Two Pounds.

By Order of the Council.

HANWAY R. BEALE,

Medical Officer of Health.

There is no Isolation Hospital in the district. Theoretically this a disadvantage, because when a child is infected, and the infection lasts a long time, as in Scarlet Fever, it is almost impossible to prevent the infection being communicated to any other children there may be in a house. On the other hand, this is a large district with a scattered population, and wherever the hospital were situated, there would be long distances to convey patients from other localities, which would necessitate the provision of a special ambulance, and there would naturally be reluctance on the part of many parents to having their children removed to a distance, although this would doubtless be removed in time. Another cogent reason is that the expense entailed would be out of all proportion to the usefulness of the institution. I heard the opinion expressed several times during the recent epidemics of Scarlet Fever at East Markham and Markham Clinton, that had there been an Isolation Hospital these would not have occurred. I should hesitate to endorse this, because the chief factor in the causation of an epidemic is the failure on the part of those concerned to detect and isolate the very early and mild cases. I have pointed out in previous reports that it is these which are of such danger to the public health, because they are undetected and spread the infection broadcast. An Isolation Hospital would be of no use in checking these, on the contrary, it might have an opposite effect, as parents might be less ready to call in a medical attendant in a suspected case of fever if they thought that it would lead to the child being removed to Hospital at a distance. There is no steam disinfecting apparatus ; this would at present be of more use than an Isolation Hospital.

The cases of notifiable infectious disease occurring in each month are given in the following table :—

Month.	Diph-theria.	Erysip-elas.	Scarlet Fever.	Enteric Fever.	Puerp'al Fever.	Total.
January -	...	1	5	...	...	6
February -	...	1	...	...	...	1
March -	5	...	...	...	...	5
April -	...	...	4	...	...	4
May -	...	...	5	...	1	6
June -	1	...	3	1	...	5
July -	...	...	1	1	...	2
August -	1	1	...	...	...	2
September -	...	1	...	...	...	1
October -	...	...	13	...	...	13
November -	...	1	21	...	...	22
December -	1	...	6	...	...	7
Totals -	8	5	58	2	1	74

The cases notified in each registration sub-district are given in Table III on page 32.

NOTIFIABLE INFECTIOUS DISEASES.

The total number notified was 74, being a decrease of 16 from the number for last year. The number is usually governed almost entirely by the cases of Scarlet Fever, this year entirely so, as with the exception of Scarlet Fever the numbers of all the other diseases are identical.

Diphtheria.—Eight cases were reported, of which seven were in the Tuxford area, and one in the Misson district. Of the seven Tuxford cases, five occurred in an isolated cottage. The disease was imported from Swinton, near Rotherham, by one of the children who had been staying there on a visit. This child had vomiting and bleeding at the nose when she returned, and infected the other children in the house. One of these patients, a girl of six years, died. Another of the cases was

also at an isolated cottage. Here I found that the well from which water was taken for drinking purposes was very foul. It was situated on the side of a steep hill, and rain water from the surface around the house, and which was contaminated from fowl runs and game rearing coops, could gain access to it. There was also an old privy within ten feet of the well. A new privy has been built and the well rendered safe from surface water. This patient died ; she was a girl aged nine years.

I was unable to find the origin of a case which occurred in East Markham, it was of a boy aged six years. He recovered.

The last case was that of a youth aged nineteen, living at Misson. A daughter had been staying at Styrrup, and returned five weeks previously. She had a sore-throat then, and where she had been staying there had been several cases of sore-throat, and across the road a child had died of "Croup." On her return all the members of her family developed sore-throat, but the patient was the worst, and the only one who saw a doctor, who diagnosed diphtheria. A good recovery has been made.

It is thus seen that with the exception of the case in the village of East Markham, the disease has in every instance been imported into the district from outside.

Erysipelas.—There were five cases, none of which were fatal.

Scarlet Fever.—There were 58 cases of this disease, being 12 less than last year. A reference to Table III will show that of the 58 cases 33 or 57.9 per cent. occurred between the ages of 5 and 15, as is usual, also from the table on page 16 that 34 or 59.6 per cent. occurred during the months of October and November, which is the time of seasonal prevalence for this disease. It must also be remembered that many of the cases are those of several children in the same family.

One case occurred in a servant at the Convalescent Home at Gringley-on-the-Hill, but by means of prompt isolation no further case occurred in the Home.

Most of the cases arose in the village of East Markham and around it.

A special report, which I reproduce below, was presented on the outbreak in East Markham. There are still a few cases arising from time to time in East Markham, which are apparently return cases from those which arose earlier in the year.

There were eleven cases in the neighbouring villages of Markham Clinton and Milton. This outbreak I could trace to that at East Markham. A boy living at Milton attended the school at East Markham, and when this was closed owing to the fever, he remained at home and developed a sore-throat, which was not noticed by his parents. His sisters then developed sore throats, but were still allowed to attend the school at Markham Clinton, and so infected other scholars. This necessitated the closure of the school for a time.

There were three fatal cases, one at Askham of a child aged two years, one at East Markham of a child aged four, and one at Markham Clinton of a child aged two years. At Dunham and Ragnall, where there were a good many cases last year, there has been no case.

I have had a good deal of difficulty in getting parents to keep their children in strict quarantine, the unaffected children of a family have been allowed to run out in the street freely, and the risk of conveying the infection to other children thereby increased, and I have also had complaints that children convalescent from scarlet fever have been allowed about, but on investigation I have never been able to obtain evidence that would be sufficient to justify my taking proceedings except in one case at Markham Clinton. Here I found the children were out during the peeling stage, after both I and other Medical Men had warned the father not to send them out. Under the direction of the Council I prosecuted this man, and he was fined one pound at East Retford Petty Sessions.

**SPECIAL REPORT on the outbreak of Scarlet
Fever at East Markham, 1908.**

To THE RURAL DISTRICT COUNCIL OF EAST RETFORD.

GENTLEMEN,

East Markham is a large straggling village close to the Great North Road, one mile north west from Tuxford and five miles south east of Retford. The soil is clay, subsoil gypsum.

The area is 2,753 acres of land and two of water. The population is computed to be about 700, (696 in 1901).

The main portion of the village is at the top of a hill and thence the houses are built on the side of the hill and down in the valley. The portion called York is in the valley.

The public elementary school receives children from East Markham, Askham, and Markham Moor. A few also go from Rockley.

The water supply is from wells sunk in the soil and is hard. There are three public wells.

Previous cases of scarlet fever have been as follows :—

Nov. 1907 One girl.
Dec. 1907 One girl.

In May and June, 1908, there were three cases of scarlet fever in Askham.

The cases were notified in this outbreak in the following order :—

Oct.	case	a	...	...	...	aged	3
10							
12	„	b	...	...	...	„	5
16	„	c	...	...	...	„	2
		d	...	...	...	„	7
15	„	e	...	...	...	„	6
18	„	f	...	...	...	„	5
		g	...	...	...	„	9
		h	...	...	...	„	4
27	„	i	...	...	...	„	4
		j	...	...	...	„	6
		k	...	...	...	„	2
29	„	l	...	...	...	„	12
		m	...	...	...	„	10
31	„	n	...	...	...	„	12
		o	...	...	...	„	13
		p	...	...	...	„	1
Nov. 9	„	q	...	...	...	„	6

As regards the time of onset of the disease, there are two children whose illness is dated from 8th Oct. *a* and *e*, but *a* was stated to be not very well for two or three days previous to this, the rash was seen on the 9th, so that the 7th or 8th would be the date of onset. The child is one of a family of five children but does not attend school although the older ones do. None of the others had been observed to be ill nor had any of them had sore throats. The child was at Newark Fair on the 7th, but when there saw no one but an aunt, no other children were in contact with him. The family obtain their milk from a farm on the side of the hill, but on enquiry there no evidence of any disease could be found, nor was there anything wrong with the cattle. The father of the patient *i* is a platelayer on the railway.

Case *e* notified as scarlet fever on October 15th commenced to be unwell on 8th Oct., he lives at a small farm and is the son of a road foreman. He attended school up to the 7th October when he was kept at home, but the other children were allowed to continue to attend until the 15th, when scarlet fever was notified.

The next case notified was *b*. This child commenced to be ill on the 11th, that is four days after the last contact at school with case *e*. He was isolated at once, but four days afterwards his two brothers, cases *c* and *d*, commenced.

Case *f* commenced to be ill on the 13th. This child came with his family from Elkesley on the 10th to reside in Markham and went to school for the first time on the 12th, so that the onset must have been very rapid if the infection was from the school. I shall refer to this case later on. The isolation in this house was very bad, there are only two bedrooms which lead directly one from the other, and to get to the larger of the two, the smaller which contained the patient had to be traversed. The floors here were damp and ventilation was bad, but this was much improved by breaking one of the windows purposely. His brother, case *i*, sickened on the 28th.

The two next cases, *g* and *h*, were both taken ill on the 16th, and the rash noticed on the 17th, notification on the 18th. These cases and the previous one live in the district known as York, and the children living in houses adjacent would walk from school together and play together out of school hours. It will be noticed that sickening occurred three days after case *i*, with whom they had been in contact. Here, isolation was very difficult. There were four children aged respectively 9, 7, 4 years, and six months. The child aged 7 had previously had Scarlet Fever, the disease is unusual under one year of age, and the other two susceptible children took it. One, *h*, aged 4, died on 30th October. This is the only death during the epidemic.

The next cases were *j* and *k*. These children live in a house about 100 yards away from the last, and of which the gardens adjoin. In the absence of their mother, who was away from home, these children had been playing with case *i* who sickened on the 28th, and one sickened on the 25th, the second on the 27th. These children could be isolated easily, as being a large family two cottages were occupied and the sick were placed in one and the healthy in the other cottage. Notwithstanding this two more children sickened on November 1st, cases *o* and *p* thus indicating that the fever is infectious even before the well-known symptoms develop.

The next two cases, *l* and *m*, live quite away from the foregoing at the further end of the upper part of the village. Both sickened on the 25th October, that is six days after the closure of the school and nine days after contact with any infected children there. They are both healthy children, living in a good situation, and aged respectively 12 and 10 years, these facts may account for the rather longer incubation period. Isolation was quite efficient. They live at a small shop, business has ceased during the continuance of the Fever.

Case *n*, developed four days after the preceding cases with whom she had been in contact ; she lived only two doors off. Isolation is good. This child's sister had the Fever last December.

The remaining case *q*, is very much later. He lives at a farmhouse quite away from the other cases. He sickened on Nov. 6th, and had a rash two days later on the 8th. I cannot find that there had been any contact with any of the other cases, the notification was dated Nov. 9th. I received it on the 10th and visited on the 11th. I certainly saw no rash and no desquamation. The illness was very mild and it has been suggested that it may not be a genuine case of Scarlet Fever, but the prevalence of the disease led all concerned to take precautions and to regard it as such. None of the other children in the house, of whom there are three, have taken the disease.

No other cases have been notified up to this day, the 20th November.

Procedure.—As each case was notified I personally visited the house and made enquiries and gave instructions as to disinfection. The room in which the patient lay was stripped of all stuff hangings, carpets, clothes, and the like. Drawers were removed so that their contents might not become infected and so be a focus for future outbreaks. I recommended the mothers who had to wait upon the invalids to wear large linen aprons or overalls, and cotton milking bonnets in order that the hair should not be infected, and to keep a bowl of disinfectant solution handy in the room in which to wash and soak their hands after attending the sick and before going to the remainder of the family. Also that a sheet kept constantly moistened with the disinfectant solution should be hung up at and over the door of the sick chamber. Eating and other vessels were to be kept for the sole use of the patient, and all soiled linen, &c., to be soaked in the disinfectant solution and boiled. A portion of the solution was added to all the excreta before these were put away.

Papers of instructions of which copies are enclosed herewith were given to each case.

As soon as I saw that there was school infection occurring, I recommended that the school should be closed and thoroughly

cleansed and disinfected, and this was done, everything in the buildings being treated even to the maps on the walls. The school was closed on the 20th October and remained closed for four weeks.

I have to thank Mr. Powell, the head master, who personally visited every house in the village from which a child attended the school and distributed the smaller of the two hand-bills which sets forth the symptoms of scarlet fever ; this was done after the closure of the school.

Cause of the Outbreak.—After diligent enquiry, I am sorry to have to confess that I am unable to find whence the infection came in the first place. It was suggested to me that cases *f* and *i* had brought it from Elkesley, and some colour was lent to this theory by the fact that there has been an epidemic of Sore Throat in that village, but as case *f* did not sicken until two days after his arrival in Markham and five days after the first case, we may dismiss that solution.

In the case *a*, a visit had been paid to Newark the day before he sickened ; supposing he caught the fever in Newark, it would be a very short incubation period, but not too short. Against this being the origin we have the fact that the mother stated that he had been ill for two or three days previously to the visit, and that another case (*e*) sickened on the same day, so that the Newark theory may be abandoned.

On enquiry, I am informed that there has been nothing noticed to be wrong with the milk or cattle, nor any disease of their udders. No history of any attacks of sore-throat in any of the children attending the school previous to the epidemic has been obtained. The children who had scarlet fever last year have no discharges from the nose or ears, so that no trace of the infection can be from this source.

It must be remembered that scarlet fever is a disease in which the symptoms vary considerably. In the severe and well marked cases the signs are so obvious that anyone can diagnose the condition, whilst on the other hand there are cases so mild that it is impossible for even the most experienced to determine their nature. It is these very mild cases that cause the most trouble to a Medical Officer and danger to the community at large, because they are just as infective as the severe cases, yet pass unnoticed amongst their fellows, spreading the disease. It is these mild cases which it is so important and yet so difficult to isolate. Another fruitful source of infection is the discharge which may arise from the nose or ears of a person who has had the disease some time previously, this contains the infection. We must remember also that scarlet fever does appear often without apparent cause, which can be traced, and that this is just the time of its seasonal prevalence.

I have to thank Dr. Handford, the County Medical Officer, for coming over to Markham and going over the ground with me and giving me the benefit of his valuable advice and experience.

I am, Gentlemen,

Yours obediently,

HANWAY R. BEALE.

November, 1908.

Enteric Fever.—One of these occurred at a farm house near Gamston in which some cases had occurred last year. The other case was at East Markham, but affected a farm hand who was employed at the same farm as the former case. He had been sent home ill and his condition was discovered after his arrival home. Neither was fatal. There were two wells to this farmhouse. The water in them was analysed, and that in one was found to be very bad. This well was closed for drinking purposes. The water in the other was fair in quality.

Puerperal Fever.—Only one mild case was reported. It occurred in Tuxford in the practice of a midwife.

An increasing number of the poorer people are now attended in labour by the midwives. These are inspected periodically by the lady inspector of the County Council. Cleanliness is impressed upon them, and it is hoped that in course of time there will be no Puerperal Fever. Should a case occur in the practice of a midwife a report is sent to the County Medical Officer and the midwife is suspended from practising until she is declared to be free from infection.

The district has remained free from small-pox.

Anthrax.—Five pigs died of Anthrax on a farm at Sutton, in May, their carcasses were cremated. None of the other farm stock was affected and there was no case in a human being. No further cases have been reported since.

NON-NOTIFIABLE INFECTIOUS DISEASES.

Measles.—This disease was prevalent in the months of January and February about Markham, and necessitated the closure of Markham Clinton school. There were very few other cases. In this connection it is interesting to notice that there has been a good deal of Measles during the last three years up until 1908, when there is a decline. The probability is that most of the susceptible children have had it, and the district will be free for a year or so, when there will be a great increase whenever infection is brought amongst the new generation of susceptible children.

Influenza.—The District has remained fairly free, there were a few cases in the early part of the year.

Whooping Cough.—There was an outbreak at Scrooby in the early part of the year but not sufficient to close the school. At Normanton-on-Trent in March there were so many cases that it was thought advisable to close the school.

Mumps.—This was prevalent in April and necessitated school closure at Eaton.

Chicken pox was very prevalent in January.

The following are the schools which were closed during the year owing to infectious disease :—

Name.	Date.	Cause of Closure.
Markham Clinton	January	Measles
Normanton-on-Trent	March	Whooping Cough
Eaton	April	Mumps
Tuxford	September	Whooping Cough
East Markham	October	Scarlet Fever
Markham Clinton	November	Scarlet Fever

Tuberculosis.—It will be seen from Table IV. that the deaths from this cause are more than last year. When one considers that this is a preventible disease, there is too much especially for a rural district where the conditions of living should be in favour of a healthy life. A large number of cases in infants are caused by the ingestion of tuberculous milk. It is even said by some authorities that Tuberculosis in adults is caused by the awakening to activity of an infection received in the food in early life. Whether this be so or not, it is a possibility, and is a strong reason in favour of a thoroughly good milk supply and cleanliness in the cowsheds and dairies. In their third interim report, just published, the Royal Commission on Tuberculosis say as follows :—“ The experiments which we have carried out with regard to the infectivity of the faeces of tuberculous cows were dictated by knowledge of the fact that dirt of various kinds from cows and the cow-sheds is almost constantly present in milk as it reaches the consumer. Cows suffering from extensive Tuberculosis of the lungs must discharge considerable numbers of bacilli from the air passages in the act of coughing, and some of the bacilli thus expelled may find their way into the milk. But our experiments indicate

that the excrement of cows obviously suffering from Tuberculosis of the lungs or alimentary canal must be regarded as much more dangerous than the matter discharged from the mouth or nostrils. We have found that even in the case of cows with slight tuberculous lesions tubercle bacilli in small numbers are discharged in the faeces, while, as regards cows clinically tuberculous our experiments show that the faeces contain large numbers of living and virulent tubercle bacilli. The presence of tuberculous cows, in company with healthy cows in the cowshed, is therefore distinctly dangerous, as some of the tubercle bacilli which escape from their bodies in the excrement are almost certain to find their way into the milk."

I was consulted in March as to the best measures to be carried out in a house at Mattersey, belonging to Major Laycock, which had been occupied by a consumptive and which was about to be taken by a fresh tenant. I advised as to general cleansing and disinfection. My directions were carried out in full. I wish there were more care exercised when a new tenant occupies a house lately tenanted by a consumptive as the danger to the former is considerable.

VITAL STATISTICS.

For calculating the birth and death-rates I have used the number 14,236, being the population ascertained at the census of 1901.

Births.—There has been an increase in the number of births of 47 over the number recorded last year, which was exceptionally low. The total number registered was 339, which is seven above the average for the last ten years. The birth rate is 23.8, being slightly above the average. Of the 339 births 169 were males and 170 were females. There were 24 illegitimate births registered.

The increase in the number of births is confined to the sub-districts of Gringley, Clarborough, and East Retford. Tuxford and Misson both show a fall from even last year's low birth-rate. This is seen in the following table :—

Sub-District	Average for ten years.		Births in 1907.		Births in 1908.
Gringley	...	72	...	65	...
Clarborough	...	73	...	61	...
East Retford	...	59	...	55	...
Tuxford	...	105	...	92	...
Misson	...	23	...	19	...

Deaths.—The deaths registered in the district at all ages numbered 174, giving a general death-rate of 12·2 per thousand persons living. In addition to these there were 16 persons belonging to the district who died in Public Institutions outside this area, so that the corrected number of deaths of residents belonging to the district is 190, the corrected net death-rate is therefore 13·34. This number is considerably less than the general average for the last ten years, (15·04).

The Public Institutions outside the district from which deaths were reported and added as above were :—The Union Workhouse, the Retford Hospital, the Notts. County Asylum, and the Sheffield Royal Infirmary.

Infantile Mortality.—The deaths of infants under one year of age numbered 29, being four less than last year. The rate of mortality per thousand births is thus 85·6. Two of these births occurred outside the District, in the Union Workhouse, giving an infantile death-rate in this area of 79·9. There was no death amongst illegitimate children under one year of age. Last year the rate was 113, and I remarked that it was too high for a rural district. The considerable drop seen this year, is in large part due, I think, to the rather cold summer which was experienced. It is interesting to note that in a rural district where there are no arrangements made for visiting newly born children after early notification of births that this

fall has taken place, and the figure should serve to modify any excess of confidence in effect of health visiting, although I do not wish to minimise the importance of the latter.

During the year my opinion was asked as to the advisability of adopting the Early Notification of Births Act. I advised against it because there is no arrangement for the visiting of the newly-born to give advice to the mothers as to the care of their infants, and without this the adoption of the Act could serve no useful purpose.

The deaths at the age of 65 and upwards numbered 91, being thus 42·6 per cent. of the total number. There was one death at 92, three at 93, and one at 97.

Deaths from Zymotic Diseases.—These were 11 in number, as follows :—Scarlet Fever 3, Whooping Cough 2, Diphtheria 2, Influenza 3, and Enteritis 1.

Diseases of the Lungs.—Deaths from Bronchitis were 13, of which three occurred under one year of age, and eight over 65 years. Other diseases involving the respiratory tract, (Congestion, Asthma, Pneumonia, &c.) were 7, with 12 cases of Pulmonary Tuberculosis, total 32.

Heart Disease.—This includes all forms of Heart Disease, and were 27 in number.

Further statistics as to age incidence, locality, &c., will be found in the tables which follow.

I am, Gentlemen,

Your obedient Servant,

HANWAY R. BEALE,

Medical Officer of Health.

Bridgegate House,

Retford,

February, 1909.

TABLE I.

Rural District of East Retford.

Vital Statistics of Whole District during 1908 and Previous Years.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.			Deaths in Public Institutions in District.	Deaths of Non-residents registered in Public Institutions in District.	Deaths of Residents registered in Public Institutions beyond District.	Nett Deaths at all Ages belonging to the District.		
		Under 1 Year of Age.		At all Ages.		Rate.*	Number	Rate.*	Number	Rate.*	Number	
		Number	Rate.*	Number	Rate.*							
1	2	3	4	5	6	7	8	9	10	11	12	13
1898	13978	359	25.68	43	119.77	221	15.81	0	0	6	227	16.23
1899	13978	343	24.53	32	93.29	186	13.3	0	0	8	194	13.87
1900	13978	338	24.18	42	124.26	236	16.88	0	0	14	250	17.88
1901	14236	350	24.58	34	97.14	184	12.92	0	0	9	193	13.55
1902	14236	326	22.89	29	88.95	176	12.36	0	0	11	187	13.13
1903	14236	332	23.32	35	105.4	210	14.75	0	0	13	223	15.66
1904	14236	352	24.72	35	99.43	210	14.75	0	0	12	222	15.59
1905	14236	298	20.94	35	117.45	199	13.97	0	0	10	209	14.68
1906	14236	333	23.39	34	102.1	201	14.12	0	0	13	214	15.03
1907	14236	292	20.5	33	113	200	14.04	0	0	11	211	14.82
<i>Averages for yrs</i>												
1898-1907	14158	332	23.47	35	106.29	202	14.29	0	0	10	213	15.04
1908	14236	339	23.8	27	79.9	174	12.2	0	0	16	190	13.34

* Rates in Columns 4, 8, and 13 calculated per 1000 of estimated population. Area of District in acres (exclusive of area covered by water) 92740.

Total population at all ages, 14236. Number of inhabited houses, 3089. Average number of Persons per house, 4.6. (At Census of 1901).

Institutions within the District receiving sick and infirm persons from outside the District—None.

Institutions outside the District receiving sick and infirm persons from the District—Retford Hospital—Union Workhouse—Notts. County Asylum.

Other Institutions, the deaths in which have been distributed among the several localities in the District—Sheffield Royal Infirmary.

The Union Workhouse is not within the District.

TABLE II.
Last Retford Rural District.

Vital Statistics of separate Localities in 1908 and previous years.

NAMES OF LOCALITIES.	YEAR.	1.—GRINGLEY SUB-DISTRICT.				2.—CLARBOROUGH SUB-DISTRICT.				3.—EAST RETFORD SUB-DISTRICT.				4.—TUXFORD SUB-DISTRICT.				5.—MISSION SUB-DISTRICT.			
		a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d
1898	..	3036	93	41	10	3509	84	65	14	2364	61	38	6	4167	97	67	7	902	24	16	6
1899	..	3036	75	47	8	3509	83	55	10	2364	57	19	1	4167	105	56	10	902	23	17	3
1900	..	3036	83	57	12	3509	78	67	11	2364	57	31	4	4167	101	78	13	902	19	17	2
1901	..	3019	60	52	7	3430	83	40	7	2395	63	34	6	4435	119	59	12	957	25	8	2
1902	..	3019	72	45	6	3430	75	44	10	2395	49	32	3	4435	104	55	8	957	26	11	2
1903	..	3019	70	45	7	3430	72	52	9	2395	61	41	7	4435	110	69	11	957	19	16	2
1904	..	3019	75	43	8	3430	75	57	7	2395	69	35	5	4435	113	72	11	957	20	15	4
1905	..	3019	52	44	10	3430	63	41	9	2395	58	38	8	4435	102	65	6	957	23	21	2
1906	..	3019	74	55	5	3430	63	43	9	2395	59	34	6	4435	107	71	11	957	30	11	3
1907	..	3019	65	53	10	3430	61	45	6	2395	55	28	7	4435	92	74	11	957	19	11	1
Averages of Years 1898 to 1907		3024	71.9	48.2	8.3	3453	73.7	50.9	9.2	2385	58.9	33.1	5	4354	105	66.6	10	940	22.8	14.3	2.7
1908	..	3019	71	46	4	3430	88	33	7	2395	78	26	3	4435	85	74	13	957	17	11	2

NOTES.—(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this table, and those of non-residents registered in public institutions in the district excluded.

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

TABLE III.
East Retford Rural District. *Cases of Infectious Disease notified during the year 1908.*

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.					NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.				
	At all Ages.	At Ages—Years					Tuxford	Retford	Clarborough	Gringley	Mission	Tuxford	Retford	Clarborough	Gringley	Mission
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65										
Small-pox
Cholera
Diphtheria (including Membranous Croup)	...	8	1	1	5	1	...	...	...	...	...	7	1	...	...	...
Erysipelas	...	5	...	...	3	1	1	1	1	3	1	...	...	...	...	...
Scarlet Fever	...	58	...	...	...	33	6	3	3	3	15	37	...	...	...	...
Typhus Fever	2	...	...	1	1	...	...	...	...	1	1	...	...	...
Enteric Fever
Relapsing Fever
Continued Fever
Puerperal Fever	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...
Plague
Totals	...	74	1	17	39	11	5	1	4	6	17	46	1	...	...	...

No Isolation Hospital in the District.

TABLE IV.

East Retford Rural District.

Causes of, and Ages at, Death during year 1908.

CAUSES OF DEATH. 1	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.								Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.					Total Deaths whether of Residents or Non- Residents in Public Instituti'ns in the District. 14
	2 All ages	3 Under 1	4 1 and under 5	5 5 and under 15	6 15 and under 25	7 25 and under 65	8 65 and upwards	9 Gingley	10 Clarboro'	11 East Retford	12 Tuxford	13 Misson		
Small-pox ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	3	...	3	...	...	...	...	...	...	...	...	3	...
Whooping Cough	2	1	1	...	...	...	...	...	...	...	...	2	...
Diphtheria (including Membranous Croup) }	2	...	...	2	...	...	...	...	...	...	...	2	...
Croup ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever { Typhus ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Continued ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	3	...	...	...	1	...	2	...	...	2	1	...	...
Cholera ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis	1	1	...	...	...	...	...	...	...	...	1	...	...
Puerperal Fever ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis)	12	...	...	1	3	6	2	3	2	2	4	1	...
Other tuberculous diseases	4	1	...	1	1	1	...	1	2	...	1	...	...
Cancer, malignant disease	14	..	...	..	..	5	9	2	5	2	3	2	...
Bronchitis	13	3	1	1	...	...	8	5	1	1	4	2	...
Pneumonia	6	...	1	1	1	2	1	1	1	2	1	1	...	
Pleurisy ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Res- piratory Organs	1	...	...	1	...	...	...	1	...	...	...	...	...
Alcoholism	5	...	...	...	...	...	2	3	1	...	3	1	...
Cirrhosis of Liver	5	...	...	...	...	...	...	...	...	...	...	...	...
Venereal Diseases ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	6	6	...	...	...	...	...	1	1	1	2	1	...
Diseases and Accidents of Parturition ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Diseases	27	...	...	...	1	11	15	9	2	5	9	2	...
Accidents	7	...	...	2	1	3	1	...	...	3	4	...	...
Suicides	1	...	...	...	...	...	1	1	...	...	...	...	...
Apoplexy	10	...	1	...	...	5	4	3	3	...	4	...	...
Old Age	35	...	...	...	...	35	8	8	4	15	...	...	...
All other causes	38	17	2	3	...	6	10	10	8	4	15	1	...	
ALL CAUSES	190	29	9	12	8	41	91	46	33	26	74	11	...	

TABLE V.

*East Retford Rural District. Infantile Mortality during the year 1908.
Deaths from stated causes in Weeks and Months under One Year of Age.*

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 Year.
ALL CAUSES.																	
Certified ..	8	1	4	3	16	3	1	4	1	..	1	..	1	1	1	..	29
Uncertified ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
COMMON INFECTIOUS DISEASES.																	
Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Mem. Croup ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1
DIARRHŒAL DISEASES.																	
Diarrhoea, all forms ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteritis, Muco-enteritis, Gastro-enteritis ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Gastritis, Gastrointestinal Catarrh ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
WASTING DISEASES.																	
Premature Birth ..	6	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	6
Congenital Defects ..	..	..	..	..	..	..	†1	..	..	..	..	..	..	..	..	..	1
Injury at Birth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Want of Breast-milk, Starvation ..	..	..	..	..	..	..	..	§1	..	..	..	..	..	..	..	..	1
Atrophy, Debility, Marasmus ..	1	1	4	1	7	1	..	1	1	..	..	..	1	..	..	..	11
TUBERCULOUS DISEASES.																	
Tuberculous Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Peritonitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tabes Mesenterica ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	†1	..
Erysipelas ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rickets ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis (not Tuberculous) ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Convulsions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Bronchitis ..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	3
Laryngitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Suffocation, overlying ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Causes ..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
	8	1	4	3	16	3	1	4	1	..	1	..	1	1	1	..	29*

Births in the year { Legitimate .. 315 Total Deaths of { Legitimate Infants .. 28
 Illegitimate .. 24 Deaths of Illegitimate .. 1

Population estimated to middle of 1907 .. 14236

Deaths from all Causes at all Ages .. 190 Total Deaths under One Year .. 29

* Two of these died outside District, viz.: † In Sheffield Royal Infirmary. § In Union Workhouse
‡ Illegitimate child.

FACTORY AND WORKSHOP ACT,**1901.**

TO THE RURAL DISTRICT COUNCIL OF EAST RETFORD.

GENTLEMEN,

I have to present the following Report as required by the Factory and Workshop Act, 1901, section 132.

Section 32 of the Public Health (Amendment) Act is not in force in the district.

The chief places to be inspected under the above Act in a rural district such as this are carpenters' and blacksmiths' shops, bakehouses, and dressmakers' workrooms. There is one factory employing about 40 hands ; this is the only one of any size.

There are no underground bakehouses, and therefore no licenses for any were issued.

The bakehouses are in a cleanly condition.

In one domestic dressmaker's workshop where young people were employed there was no abstract of the Act affixed ; as it was a new workshop, I communicated with the Inspector of Factories. There was also insufficient ventilation, and this was promised to be rectified.

Another dressmaker's workroom was badly ventilated, and I was promised that this should be remedied.

One workshop was very dirty, and I ordered that the walls and ceiling should be cleansed and limewashed.

Last year I reported on the bad condition of a rod peeling plant, and as no satisfaction could be obtained, proceedings were commenced, but the work has been completed satisfactorily without extreme measures having been resorted to.

There are no factory or workshop laundries or dye works, and there are no offensive trades carried on in the district.

There are no outworkers in the district, and I have not been able to find any resident in the district employed by persons outside.

There have been no prosecutions during the year.

Below is a summary in tabular form of the work done in this department.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

1.—*Inspection of Factories, Workshops and Workplaces.*

(Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances).

Premises 1	Number of		
	Inspec- tions 2	Written Notices 3	Prosecu- tions 4
Factories (including Factory Laundries) ...	5	...	...
Workshops (including Workshop Laundries)	60	...	...
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	3	1	...
TOTAL ...	68	1	...

2.—*Defects found in Factories, Workshops and Workplaces.*

Particulars 1	No. of Defects			Number of Prosecu- tions 5
	Found 2	Reme- died 3	Referred to H.M. I'spector 4	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness	7	7	...	...
Want of ventilation	3	3	...	...
Overcrowding .... .... ....	...	...	...	...
Want of drainage of floors	2	2	...	...
Other nuisances .... .... ....	...	...	...	...
Sanitary accommodation } insufficient	1	1	...	...
Sanitary accommodation } unsuitable or defective	...	...	...	...
Sanitary accommodation } not separate for sexes	...	...	...	...
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouses (s 101)	...	...	...	...
Breach of special sanitary requirements for bake- houses (ss. 97 to 100) .... .... ....	...	...	...	...
Other offences .... .... ....	...	...	...	...
(Excluding offences relating to outwork which are included in Part 3 of this Report)				
Total	13	13	...	...

3.—*Home Work.*—None.4.—*Registered Workshops.*

Workshops on the Register (s. 131) at the end of the year.	Number.
1	2
Bakehouses	12
Blacksmiths' Shops	15
Ironworks	2
Dressmakers and Tailors	11
Carpenters	18
Others	6
Total number of Workshops on Register ...	64

5.—*Other Matters.*

Class.	Number.
1	2
<i>Matters notified to H.M. Inspector of Factories :—</i>	
Failure to affix Abstract of the Factory and Workshop Act	1
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	Notified by H.M. Inspector Reports (of action taken) sent to H.M. Inspector ...
Other ... ... ...	... ... ...
<i>Underground Bakehouses (s. 101) :—</i>	
Certificates granted during the year	... ... ...
In use at the end of the year	... ... ...

I am, Sirs,

Your obedient Servant,

HANWAY R. BEALE.

**REPORT of the SANITARY SURVEYOR and
INSPECTOR OF NUISANCES on the Sanitary
work completed in the year 1908.**

COMPLAINTS AND INSPECTIONS :—

Number of Complaints received during the year	...	6
Number of Houses, Premises, &c., Inspected	...	350
Number of Re-inspections of Houses, Premises, &c.	...	2100

RESULTS OF INSPECTION :—

Formal Orders issued for Sanitary Amendments of
Houses and Premises :

For the Abatement of Nuisances...	...	...	22	124
,, Provision of New Drains...	...	...	49	
,, ,, Privies and Ashpits	...	46		
,, ,, Wholesome Water	...	7		
Houses, Premises, &c., Cleansed, Repaired, &c.	...	...	8	
School Urinals Repaired	...	...	3	
Overcrowding Abated	...	...	2	
Drains to Houses and Buildings : New, Provided	...	...	64	
,, ,, Repaired, Cleansed, Trapped, &c.	...	7		
,, ,, Ventilated	...	...	3	
New Cesspools for House Drainage	...	...	5	
Water Closets : New Provided	...	...	2	
,, Abolished	...	...	0	
Privies converted into Pan Closets	...	...	18	
Pan Closets converted to Privies	...	...	0	
Old Privies Abolished	...	...	27	
Privies : New, Provided	...	...	48	
,, Repaired	...	...	7	
Ashpits or Ashbins : New, Provided	...	...	48	
,, ,, Repaired	...	...	5	
Urinals to Public Houses Provided	...	...	1	
Waste Pipes connected with Drains, &c., Disconnected			4	
Animals Removed, being improperly kept	...	...	6	
Pigsties adjoining Houses Abolished	...	...	4	
,, Provided with Drains	...	...	7	
Privies and Ashpits Emptied and Cleansed	...	...	6	
Yards and Causeways Paved	...	...	4	

WATER SUPPLY:—

Pumps and Wells: New, Provided	...	...	...	6
„ „ „ Cleansed, Repaired, and Covered				4
Water Certificates for New Houses Granted	...	...		9

LODGING HOUSES:—

Number of Lodging Houses Registered under 35th Section of "Public Health Act, 1875"	2
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REMOVALS:—

Removal of Accumulations of Dung, Stagnant Water, Animal and other Refuse	8
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THE HOUSING OF WORKING CLASSES ACT, 1890:—

Houses Closed	3
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CANAL BOATS ACT, 1884:—

Canal Boats Inspected	21
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LEGAL PROCEEDINGS:—

Summons	2
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During the year, I have had personal interviews with forty owners or owners' representatives, upon their various premises, in order to explain the Council's requirements. In the ordinary course of events, an interview (also on the premises) with a builder follows, generally for the purpose of an estimate for the work, and when the latter is settled, another interview for the purpose of setting out the work. These interviews have invariably resulted in the necessity of the sanitary improvements being appreciated, and the execution of the work has generally proceeded satisfactorily.

Houses Closed.—One cottage at Sutton has been pulled down, and a new one built in place of it, the owner sensibly preferring to spend money in a new building rather than in repairing the old one-storey two-roomed dwelling. The new house was readily let.

Sustained and Unrecorded Inspections.—

Many minor nuisances which entail an inspection are not recorded, but I frequently find that verbal notices are sufficient to ensure the emptying of privies and ash pits, and the removal of offensive accumulations. This may be described as sustained inspection.

Paved Causeways.—In several instances new paved causeways to houses, where none previously existed, have been provided through my advice.

Water Supply.—Three new borehole wells have been sunk into the sandstone by owners during the year, upon private property. In addition the Lincoln Corporation have commenced their borings at Elkesley, and the Home Office, or Prisons Commissioners, are boring at Rampton, upon the site selected for the construction of a Criminal Lunatic Asylum.

NEW HOUSES.

Owners of new houses are required, in accordance with the Public Health (Water) Act, 1878, to obtain a certificate from the Rural District Council that the water supply is wholesome, and within a reasonable distance from the house. I therefore make it a practice to send, to such owners, a leaflet containing extracts from the said Public Health (Water) Act, pointing out the owners' responsibility in this respect. I also see that a privy, ash pit, and drain are provided to each house, as required by the Public Health Act, 1875.

BUILDING BYE-LAWS.

No Building Bye-laws are in force in this District, and hence there are no restrictions upon the erection of new houses, beyond the provision of a wholesome water supply, and sanitary accommodation, as described above. This freedom does not apparently attract the speculative or any other builder.

Some new cottages, in most of the Villages, would readily let, if they could be built to let at a rental of not more than 2/- per week, but that is impracticable.

FARM BUILDINGS.

At the request of the Council, several sets of these buildings have been provided with eaves gutters and down spouts, to keep the foldyards drier.

NEW DRAINS.

New drains are now tested with the water test.

The construction of house and other drains has much improved in this District during the last seven years, and bears no comparison with the methods of the "drainer," who was usually employed about ten years ago.

Builders now generally recognise, that with the water test, their work must be well done, and they appreciate the advice which I, as your Surveyor, give them ; in fact, in most cases, before commencing the work, the builder asks me to meet him upon the premises, and explain how I should like the work carried out.

VOLUNTARY SANITARY IMPROVEMENTS.

It is a frequent occurrence now for owners to voluntarily undertake sanitary improvements to their cottages, which is not recorded, and my advice is sought, and freely given, for such a desirable object.

NEWCASTLE ESTATE.

Special mention must be made of the thorough and systematic repairs and renewals carried out upon the Newcastle Estate property during the past year, under the direction of the Estate Agent, Mr. A. E. Elliott. A very large number of premises upon this Estate, have been thoroughly repaired, and new Privies, Ashpits, Drains, and Cesspools provided in a most satisfactory manner. Water supplies have also been attended to.

LINCOLN WATER ACT, 1908.

The powers obtained by the Rural District Council from the Lincoln Corporation, under this Act, are referred to in the accompanying Medical Officer of Health's Report, and need not be repeated here. The result, in my opinion, will fully justify the expenditure incurred by the Rural District Council in opposing the Bill in Parliament, and securing the right to take water from the Lincoln Main for the area already mentioned.

The Lincoln Scheme cannot fail to be valuable to this District—and the Parishes of Askham, East Markham, and Tuxford, should be supplied with water as soon as it can be obtained. It is anticipated that the works will take two years to complete.

CRIMINAL LUNATIC ASYLUM AT RAMPTON.

This proposed Asylum is to be built on Mr. Carey's Farm, upon the high land between the Treswell to Stokeham Road and Woodbeck, in Rampton Parish, but at present no building operations have commenced.

SEWER WORKS, &c.

During the year, the following Works have been executed, in accordance with the instructions of the Sanitary Committee, by the Council's workmen, under my direction. The new pipes used are Glazed Stoneware Socketed Pipes, generally known as Sanitary Pipes.

Askham.—The public pump in the Village, which was thoroughly repaired, and the well deepened, last year, continues satisfactorily, and is the only public supply in this Village.

Bothamsall.—The Parish sewage ditch has been cleansed by the Council's men.

Clarborough.—A new trapped gully has been provided in Village Street.

Clayworth.—The sewage ditch adjoining the road near Gray's canal bridge has been opened and cleansed by the Council's men, and the other sewage ditches regularly cleansed.

Dunham Schools.—Acting upon my advice, the School Managers have had the drainage system remodelled. A cesspool in the playground now receives the school and house drainage, instead of it discharging on to the road side as hitherto. The old privy vaults have been filled up and privies converted into pan closets.

East Markham.—The Parish water supply consists of four public pumps in the valley, from near the Vicarage Lane to York Street. These pumps and wells were thoroughly repaired as stated in my 1907 report. They continue in good order, and as the only public sources of supply are very much used, the water supply has been maintained.

A new trapped road gully has been fixed in the Village.

The sewage ditches in this Parish have been regularly cleansed, and part of an open sewer piped with 24 inch pipes.

Everton (Harwell).—The defective sewer mentioned in my last report, has been abolished, and about 70 yards of six inch pipe sewer laid. One manhole has been built.

About 200 yards of six inch pipe sewer, with catchpit and manholes, in lieu of an old tile sewer, have been laid at the Gainsborough Road end of the Village, and is an improvement.

In consequence of a complaint, it was necessary to lay 360 yards of nine inch pipes, with catchpits and manholes from the old sewer in Mr. Roe's yard, across Miss Naylor's and other fields to the sewer in School Lane.

Elkesley.—Owing to the bad state of the "old tile sewer," it has been necessary to lay a new nine inch sewer in the Village Street. The work is in hand.

Finningley.—A further section of the work of resewering this Village with nine inch pipes has been carried out during the past year, viz.: from Croft Lane to “The Squarefold,” a distance of about 500 yards. There yet remains three other sections necessary to complete the work. All the houses adjacent to the new sewer have been connected therewith.

Gringley-on-the-Hill.—The privies at the Village School, which discharged into a large and deep vault, have been converted into pan closets, and the vault filled up. So far this has proved satisfactory.

The sewage ditches have been cleansed.

Laneham.—About 100 yards of six inch pipe sewer has been laid, in lieu of the old and defective tile sewer, near the Church.

Lound.—The sewers, which have very flat gradients, in common with others in the district, have been flushed, when required, with the flushing cart.

North Wheatley.—The beck receives the Village sewage, and has been cleansed for a portion of its length. It would be advisable to remove the sewer outlets from their proximity to the Village.

Rampton.—The Parish cesspools and sewage ditches have been regularly emptied and cleansed. About 250 yards of nine inch pipe sewer has been laid on the Green, in lieu of old and defective tile sewer.

Ranskill.—The public catchpits and sewers have been regularly emptied, and the contents conveyed away in a sanitary tumbler cart. It has been necessary to have the sewage pump repaired.

A Committee was appointed to report upon the advisability of removing the public catchpits from their present positions on the highways, to other and less objectionable spots. After much

consideration, and a conference at Ranskill, the Committee decided to deal first with the Parish cesspool in the Station Road, which has been the source of frequent complaints.

A new nine inch sewer, with ten necessary manholes, has therefore been laid, from the malthouse drain (permission for this having been given by Mr. Jenkinson, the owner) under the G.N. Railway level crossing, to the cesspool in the Station Road.

The sewage now discharges into a disused Parish gravel hole, well away from any building, and overflows into a ditch.

The cost of emptying the Parish catchpits has been reduced by one half, and the nuisance from the Station road cesspool abated.

Sutton.—The sewers, which have flat gradients, are flushed with the flushing water cart, and by means of valves in the manholes, when required, and the sewage ditches regularly cleansed.

Sturton.—A blocked sewer in Cross Street was cleared. About 40 yards of nine inch pipe sewer has been laid in Station Road, near "The Squarefold," in lieu of old and defective tile sewer.

Tuxford.—Mr. S. Dovenor's Lodging House.—Various structural improvements have been made, at the request of the Council, upon my report, including a new and wider staircase, bedroom windows made to open from top to bottom, new concrete floor in kitchen, and new privy and ashpit, which were all satisfactory.

The Scavenging operations have been regularly and satisfactorily carried out by Mr. G. Fletcher, and without complaints.

The Parish pumps in Eldon Street and Lincoln Street continue to give a fairly good supply of water.

A defective sewer on Cleveland Hill is to be replaced with six inch pipes.

SEWERS, SEWAGE DITCHES, & CESSPOOLS.

Several cases of blocked sewers have been effectively dealt with, by the aid of the drain rods, which have also been lent to various ratepayers, to cleanse their drains. This favour is appreciated.

There are sewage ditches in every Parish, and catchpits in most, and they have been regularly and thoroughly cleansed, and where necessary, deodorised, throughout the district. Many of these ditches are very flat, such as Sutton, Lound, Mattersey, Finningley, Rampton, Marnham, &c., and entail frequent cleansing for considerable distances.

COMMITTEES.

During the year Sub-Committees to consider proposed sewer extensions, and difficult cases of suggested sanitary improvements on private property, have made inspections in the Parishes of Everton, Ranskill, Babworth, Barnby Moor, and Treswell.

THOMAS HENRY,

Sanitary Surveyor and Inspector of Nuisances.

January, 1909.

